



City of Milwaukee
Office of Small Business Development

**Small Business Enterprise
Certification Application**

City of Milwaukee
Department of Administration
Business Operations Division
Office of Small Business Development

Phone: (414) 286-5553
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www.milwaukee.gov/osbd

Last Updated: July 29, 2014

SBE CERTIFICATION APPLICATION

Please read carefully to determine if your firm is eligible to be considered for certification.

A business must meet the following certification requirements:

1. The business shall be a U.S.-based business which is independently owned, operated and controlled and is not dominant in its field of operation, or an affiliate or subsidiary of a business dominant in its field of operation.
2. The business shall meet the size standards of the United States Small Business Administration (SBA).
3. The business shall have demonstrated capacity to perform independently or as a subcontractor relative to its field of operation.
4. The business shall not be owned, operated and controlled by individuals or groups of individuals, who own, operate and control a large business involved in the same category of work as the business for which SBE certification status is sought.
5. The business shall be operational for at least one year prior to certification.
6. The owner shall control the day-to-day critical operations of the firm.
7. The owner or owners shall be citizens or permanent, legal residents of the United States.

In addition, detailed below are specific certification requirements that assist in determining SBE eligibility:

Small Business Enterprise (SBE) Certification Requirements:

The business shall be at least 51% owned, operated and controlled by one or more persons who are at an economic disadvantage and who is experiencing substantial difficulty in achieving business-related success as a result of *at least 3* of the following:

1. At a disadvantage with respect to business location.
2. At a disadvantage with respect to education.
3. At a disadvantage with respect to employment.
4. At a social disadvantage.

APPLICATION INSTRUCTIONS

To apply for certification as an SBE with the City of Milwaukee, complete the entire application and affidavit.

- Step 1: Read and complete all material. Please type or print responses.
- Step 2: The sole owner in a sole proprietorship, or the majority owner(s), in a corporation or partnership, **must sign the Affidavit**, page fourteen (14) of the SBE Certification Application.
- Step 3: Provide specific and required documents pertinent to your business. Please see “**Document Checklist for SBE Certification**”.
- Step 4: Retain a copy of the completed application with all documentation submitted to the City of Milwaukee, Department of Administration (DOA) – Office of Small Business Development for your records.
- Step 5: Mail or deliver completed application, “Document Checklist”, documents, and application fee to:
DOA – Office of Small Business Development
200 E. Wells Street, Room 606
Milwaukee, WI 53202

Processing Time

If the application is properly completed and all supporting documents have been submitted, the processing time may be completed within **60 days**. Applications are processed by date of receipt on a first-in, first-out basis. **Applications that are not notarized and do not bare the signature of the owner(s), will not be accepted. In addition, incomplete applications may be returned.**

Non-Refundable Application Processing Payment

The **non-refundable application fee** for new or renewal SBE certification is **\$50.00**. Payments will be accepted only in the form of a check or money order, made payable to the **City of Milwaukee**. Certification is granted for a period of **(3) three years**.

Notification of Changes and Update for Certification

For certification purposes the organization structure of a potential SBE is viewed as it existed on the date that the applicant signed the affidavit. Deliberate omissions can be considered as sufficient grounds for not certifying a firm. False or untrue statements under oath are subject to local, state and federal laws. If there are any changes, you must provide written notice to the OSBD office within (15) days of the change. You may be required to complete a new certification application. **Failure to properly comply with this requirement and/or fully cooperate and/or communicate with the Office on any SBE related matter or program (Revolving Loan or Performance Bond program) may lead to a loss of certification.**

It is the responsibility of the certified firm to make sure their certification remains current. Prior to expiration of certification, the SBE should contact the Office for recertification materials or download a renewal application from our website at www.milwaukee.gov/osbd. The OSBD may send out a notice to certified firms approximately 30 days prior to the expiration date.

Appeals

Any firm that believes that it has been wrongly denied certification may appeal to the City of Milwaukee’s Administrative Review Appeals Board.

Bid Awards and/or Contracts

The Department of Administration’s – Office of Small Business Development Program does not guarantee any bid awards and/or contracts after the certification process has been completed and a company is certified.

DOCUMENT CHECKLIST FOR SBE CERTIFICATION

All businesses applying for Small Business Enterprise certification must submit the following documents. If your business is legally recognized as a **CORPORATION, LIMITED LIABILITY CORPORATION, or PARTNERSHIP/FRANCHISE**, you must submit the documents requested under this section plus the additional documents listed under your specific business type(s). To ensure that you have enclosed all requested documents, place a **[X]** by the document submitted, or mark **N/A** by those documents that do not apply to your business. To identify if your firm meets the Small Business Administration guidelines, please visit <http://www.naics.com/search.htm> for a listing of NAICS and SIC codes. **Additional information may be requested throughout the process if necessary to verify certification eligibility.**

FAILURE TO SUBMIT ALL DOCUMENTS WILL DELAY THE CERTIFICATION PROCESS.

ALL BUSINESSES

- ☐ Non-Refundable application processing fee of **\$50.00** (fifty) dollars; make checks or money orders payable to the City of Milwaukee.
- ☐ Resumes of each owner, officer, board member and key management personnel of the company, showing education, and training, places and dates of employment and description of duties and responsibilities.
- ☐ Bank signature cards for the business account(s) including Depository and Borrowing Resolutions or a letter from your bank, on their stationary, which identifies date account(s) opened, type of account(s) and authorized signatories.
- ☐ Proof of each initial cash contribution to the business for each owner, and initial equipment contributed to establish the business. (Include both sides of cancelled checks, loan agreements, vehicle titles, bills of sale, invoices, etc.).
- ☐ List of all capital assets and evidence of ownership of assets.
- ☐ Business **and** Personal tax returns for the past 3 years, including all schedules. (If an extension was filed, submit Form #7704).
- ☐ Current financial statements (balance sheet and income statement).
- ☐ Signed loan notes for the past 3 years, including Security/Collateral agreements, personal guarantees, etc.
- ☐ Signed agreements for the past 3 years, including office and equipment leases, authorized distribution agreements, manufacturer's representative agreements, management and technical support service agreements, etc.
- ☐ Proof of vehicle and/or equipment (Title papers, equipment list & current value of equipment).
- ☐ Completed signed contracts; invoices from suppliers; billings to customers. (3 samples each)
- ☐ All form W-2s, W-3 Transmittals, 1099 forms and 1096 Summary Transmittals issued by the company in the past 3 years.
- ☐ Submit a current copy of your payroll register, for all employees in the past 3 months.
- ☐ Copies of all licenses and permits required to do business.

I. ALL BUSINESSES (Continued)

- ☐ Letter(s) showing State of WI MBE or WBE, DOT DBE, SBA or 8(a) certification, a denial letter and/or decertification letter, with other agencies.
- ☐ Provide verification of residence or business location. Must be at location for at least one year or longer (P.O. Boxes **do not** qualify).
- ☐ Proof of citizenship or permanent residency status (i.e. Birth Certificate, Green Card, Tribal Registration, and Passport.)
- ☐ Proof of race/ethnicity and/or gender status
- ☐ High school transcripts for owner(s) of business

II. CORPORATIONS

- ☐ Articles of Incorporation with all amendments, including Certificates of Incorporation issued by the Secretary of State.
- ☐ Current corporate by-laws with all amendments.
- ☐ Minutes of the first corporate organizational meeting.
- ☐ Corporate minutes for the past 3 years, plus minutes for every change in stock ownership.
- ☐ Current Wisconsin Domestic Corporation Annual Report filed with the Secretary of State. (If outside Wisconsin, submit current annual report for your state).
- ☐ Copies of signed issued and cancelled stock certificates, both front and back, and stock transfer record for common and preferred stock.
- ☐ Copies of stock purchase, stock options, and buyout agreements and other ownership options that are outstanding.
- ☐ Proof of stock purchase, both sides of cancelled checks, loans, etc.

III. PARTNERSHIPS or FRANCHISE

- ☐ Partnership Agreements, including any amendments, buyout rights and profit-sharing agreements.
- ☐ Franchise Agreement, if applicable.

IV. LIMITED LIABILITY CORPORATION

- ☐ Articles of Organization
- ☐ Copy of Agreement/Regulations/Operating Agreement, as applicable.
- ☐ Copy of All Issued and Voided Membership Certificates (Front and back, not a specimen copy) and stock transfer ledger, as applicable.

CITY OF MILWAUKEE
OFFICE OF SMALL BUSINESS DEVELOPMENT
SBE CERTIFICATION APPLICATION

COMPANY INFORMATION

Note: All information herein is subject to the Wisconsin open record law. All data or information, which is considered CONFIDENTIAL, PROPRIETARY, OR TRADE SECRETS, should be specifically indicated as such. Ethnicity and gender information is used for statistical purposes only.

Company Name: _____

Doing Business As (DBA): _____

Primary Contact: _____ Title: _____

Phone: () _____ Fax: () _____ E-mail: _____

Address: _____
Street Address *Suite/ Unit #*

_____ *City* *State* *Zip*

Date Business Established: _____ Date of Incorporation: _____ State: _____

Federal Tax ID: _____ Social Security No.: _____
(If no Federal Tax Id)

Legal Structure of Business (Check one)

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other *(Describe)*

COMPANY INFORMATION CONTINUED

Type of Business: *(If diversified, indicate percent of each, adding up to a total of 100%) – Choose Primary Types)*

_____ %	Construction	_____ %	Retailer	_____ %	Other (Describe)
_____ %	Service	_____ %	Fabricator	_____	
_____ %	Manufacturer	_____ %	Consultant	_____	

Briefly describe the product(s) or service(s) the business provides:

Please identify the specific North American Industry Classification System Codes (NAICS) relative to your business efforts:

- | | | | |
|----------|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ | 4. _____ |
| 5. _____ | 6. _____ | 7. _____ | 8. _____ |

Where can I find more information about NAICS codes? Please visit www.naics.com/search.htm

Please list gross receipts for the most recent three (3) years: *(Indicate 1,000's of Dollars)*

Fiscal Year End: _____	Annual Gross Revenue: _____	# of Employees: _____
Fiscal Year End: _____	Annual Gross Revenue: _____	# of Employees: _____
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List three (3) of the businesses' largest or principal customers, accounts, contracts or projects:

Name of Company	Address, City and State	Phone/ e-mail
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

INDIVIDUAL OWNER(S) INFORMATION

Please provide the following ownership information for all owners. *(If additional space is required for ownership attach additional sheets in the same format.)*

Owner's Name: _____

Street Address: _____

P.O. Box: _____ County *(WI Only)*: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ e-mail: _____

Race/ Ethnic Group Identity *(for statistical purposes only)*:

☐ African American

☐ Hispanic American

☐ Asian American

☐ Caucasian

☐ Native American

Gender *(for statistical purposes only)*:

☐ Male

☐ Female

☐ U.S. Citizen

☐ Permanent Resident

% of Ownership: _____ Date of Initial Ownership *(DD/MM/YY)*: _____ Number of Shares: _____

Initial investment to acquire ownership interest in firm.

Cash: \$ _____ Real Estate: \$ _____ Equipment: \$ _____

OWNER #2

Owner's Name: _____

Street Address: _____

P.O. Box: _____ County *(WI Only)*: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ e-mail: _____

INDIVIDUAL OWNER(S) INFORMATION CONTINUED

Race/ Ethnic Group Identity (*for statistical purposes only*):

☐ African American

☐ Hispanic American

☐ Asian American

☐ Caucasian

☐ Native American

Gender (*for statistical purposes only*):

☐ Male

☐ Female

☐ U.S. Citizen

☐ Permanent Resident

% of Ownership: _____ Date of Initial Ownership (*DD/MM/YY*): _____ Number of Shares: _____

Initial investment to acquire ownership interest in firm.

Cash: \$ _____ Real Estate: \$ _____ Equipment: \$ _____

OWNER #3

Owner's Name: _____

Street Address: _____

P.O. Box: _____ County(*WI Only*): _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ e-mail: _____

Race/ Ethnic Group Identity (*for statistical purposes only*):

☐ African American

☐ Hispanic American

☐ Asian American

☐ Caucasian

☐ Native American

Gender (*for statistical purposes only*):

☐ Male

☐ Female

☐ U.S. Citizen

☐ Permanent Resident

% of Ownership: _____ Date of Initial Ownership (*DD/MM/YY*): _____ Number of Shares: _____

Initial investment to acquire ownership interest in firm.

Cash: \$ _____ Real Estate: \$ _____ Equipment: \$ _____

OWNERSHIP, CONTROL & MANAGEMENT

Please identify the name, title, ethnicity and gender of those individuals (including owners and non-owners) who are responsible for the business' major decisions on policy, management and direction of the operations on a day-to-day basis. *Please note that ethnicity and gender information is used for statistical purposes only:*

Name	Title	Ethnicity	Gender
a. Financial Decisions			<input type="checkbox"/> M <input type="checkbox"/> F
<hr/>			
b. Check Signing			<input type="checkbox"/> M <input type="checkbox"/> F
<hr/>			
c. Credit Acquisitions			<input type="checkbox"/> M <input type="checkbox"/> F
<hr/>			
d. Purchas of Major Equipment/ Supplies			<input type="checkbox"/> M <input type="checkbox"/> F
<hr/>			
e. Scheduling of Field Operations (If any, list field supervisors)			<input type="checkbox"/> M <input type="checkbox"/> F
<hr/>			
f. Management Decisions			<input type="checkbox"/> M <input type="checkbox"/> F
<hr/>			
g. Hiring/ Firing Personnel			<input type="checkbox"/> M <input type="checkbox"/> F
<hr/>			
h. Office Management			<input type="checkbox"/> M <input type="checkbox"/> F
<hr/>			
i. Marketing and Sales			<input type="checkbox"/> M <input type="checkbox"/> F
<hr/>			

If the business is a corporation or LLC, please list the following information:

Total Shares Authorized: _____ Total Shares Issued to Date: _____

Are there any restrictions that may limit the voting rights of members, who are shareholders, within the by-laws or Articles of Incorporation, or any other documents? (If yes, please explain)

OWNERSHIP, CONTROL & MANAGEMENT CONTINUED

List the current Board of Directors. (If additional space is required, submit an attached sheet)

Name	Title	Ethnicity	Date Appointed	Gender
a.				<input type="checkbox"/> M <input type="checkbox"/> F
b.				<input type="checkbox"/> M <input type="checkbox"/> F
c.				<input type="checkbox"/> M <input type="checkbox"/> F
d.				<input type="checkbox"/> M <input type="checkbox"/> F
e.				<input type="checkbox"/> M <input type="checkbox"/> F

Does the business have any agreements, written, oral or regular working arrangements with any other firm? If yes, describe the agreement or working arrangement.

Are any owner(s) or board member(s), an owner or former owner of another firm engaged in the same or similar type of enterprise? If yes, identify below.

Are any owner(s) or board member(s) of the business, employed by any other firm?

Do any board member(s) of the business, own or work for other firms which have a relationship with the business? (Relationships include ownership interest, shared office space, financial investment, equipment lease or personnel sharing.)

Has the owner of the business been rejected for certification by any other entity? If yes, list the name of the certification below and the date rejected.

GENERAL OWNERSHIP INFORMATION

If you answer "Yes" to any of the following questions, please provide details on a separate sheet.

- a. Do you have any ownership and/ or involvement, direct or indirect, in any other firm? ☐ Yes ☐ No
- b. Are you an employee, owner, former owner, or related to an owner of another firm engaged in the same or similar line of business? ☐ Yes ☐ No
- c. Have there been any changes in ownership in the last year? ☐ Yes ☐ No
- d. Does your company share office/ warehouse space, equipment, employees, financial assistance, etc. with any other firm(s)? ☐ Yes ☐ No
- e. Are there any stock options or other ownership options that are outstanding and/ or any agreements between owners or third parties that restrict the ownership and/ or control of any minority or female owners? ☐ Yes ☐ No
- f. Is any owner, board member, or individual in a key decision making position currently employed by a competing firm? ☐ Yes ☐ No
- g. Does your company hold current certifications by any other government agencies? ☐ Yes ☐ No

Please list each company and/ or entity, if any, that accounted for 20% or more of your annual gross revenue in your most recent fiscal year:

SMALL BUSINESS ENTERPRISE DISADVANTAGE CRITERIA

*In order to qualify for the Office of Small Business Development's Small Business Enterprise Certification, you must meet **three of the four-eligibility criteria**, plus be at an **economic disadvantage**. Please attach documentation to support responses.*

AT AN ECONOMIC DISADVANTAGE means an inability to compete in the free enterprise system due to diminished capital, credit or bonding opportunities. Factors which will be considered as an indication that an individual has been economically disadvantaged include, but are not limited to, failure to accumulate adequate business capital or obtain sufficient credit to start or support an ongoing business concern, failure to acquire business related credit or bonding under terms or circumstances as favorable as those generally experienced by non-disadvantaged individuals, consistent failure to receive awards or bids of governmental contracts despite competitive pricing or other similar factors which have disadvantaged the applicant in the development of a business.

Explain why **you and/or your business** are at an **"ECONOMIC DISADVANTAGE"**.

1. AT A SOCIAL DISADVANTAGE means an applicant's experience of substantial difficulty in attaining employment or business success at least in part due to location of the individual's residence and lack of mobility, physical handicap and/or other causes beyond the individual's reasonable control.

Explain why **you** are at a **"SOCIAL DISADVANTAGE"**.

SMALL BUSINESS ENTERPRISE DISADVANTAGE CRITERIA CONTINUED

2. AT A DISADVANTAGE WITH RESPECT TO EMPLOYMENT means a pattern of non-achievement in hiring or promotion and other aspects of employment advancement due to factors beyond the individual's reasonable control, a lack of current knowledge and skills necessary for employment, career advancement or consistent earning of average annual income below the median income level of adults of comparable age in this city.

Explain how **you** are at a disadvantage with respect to **EMPLOYMENT**.

3. AT A DISADVANTAGE WITH RESPECT TO EDUCATION means failure to attain a high school degree or its equivalent for good reason or attendance in schools which have repeatedly achieved ratings below national, state and community averages in educational standards, educational standardized test scores and student grade point averages.

Explain why **you** are at an "**EDUCATION DISADVANTAGE**".

4. AT A DISADVANTAGE WITH RESPECT TO BUSINESS LOCATION means location within an enterprise zone within the city for a period of not less than one year of the applicant's principal office and business of which the applicant is the sole owner or one of the owners and a principal operator.

Is your business located within an enterprise zone? ☐Yes ☐No

If yes, list the information below:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ County: _____

AFFIDAVIT

The City of Milwaukee Office of Small Business Development reserves the right to reject and disqualify any applications that do not meet the requirements for the Small Business Enterprise (SBE) Certification.

Any person, firm or corporation knowingly engaging in fraud, misrepresentation or attempts, direct or indirect, to evade the provisions of this chapter by providing false, misleading or fraudulent information shall, upon conviction, forfeit not less than \$2,000 no more than \$5,000 together with the cost of prosecution (Milwaukee Code of Ordinances, Chapter 370).

The undersigned does solemnly declare and affirm under the penalties of perjury that the foregoing statements and documents are true and correct to include all material information necessary to identify and explain the operation of:

_____ as well as the ownership thereof.
(Company Name)

If there is any change (during the ensuing year) in the information submitted herein, the undersigned would inform the City of Milwaukee Office of Small Business Development within 30 days of such change(s).

I authorize the City of Milwaukee's Office of Small Business Development to verify the accuracy of the statements provided in order to determine whether I meet the standards for SBE certification.

I swear or affirm that all statements are true and correct and include all material information requested.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____ 20____,

in the State of _____ and County of _____.

Notary Public Signature: _____ Date: _____

My commission expires: _____ [Notary Seal]